

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/599094	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/					51						
2			/				52						
3				/			53						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	2	↓		↓							
TOTAL DEP.		←	8	←		←							
TOTAL CLAIMS			10										